

Arizona Board of Massage Therapy
1400 W. Washington Ste. 230 Phoenix AZ 85007
602-542-8604 Fax 602-542-3093
www.massageboard.az.gov

Change of Name/Address Form/Duplicate Form

PRINT CLEARLY

Name _____ License # MT- _____

☐ Duplicate (**include \$25.00 money order or cashier check**)

If you would like a plastic Massage Therapy License include recent 2 x 2 color photo

Type of change requested choose all that apply:

☐ **Name Change**

☐ **Physical Address**

☐ **Business Address**

Indicate by checking the box which address you want posted on the Website: ☐ Home ☐ Business ☐ Other

Resident address: Will be public if no other address is given - **PHYSICAL ADDRESS IS REQUIRED:**

Complete Street address _____ include (Apt #) _____ (City) _____ (State) _____ Zip code _____

Massage Business address: Business Name _____

Business Street address _____ include (Ste #) _____ (City) _____ (State) _____ (Zip Code) _____

Mailing/Other address if different from home:

PO Box/House #/Street Name _____ (Ste #) _____ (City) _____ (State) _____ (Zip Code) _____

Phone # _____ Business # _____ Cell # _____

Name Change;

From _____
Last First Middle

To _____
Last First Middle

Name changes require legal documentation showing the name change. Please make sure that PHOTOCOPY of one of the following accompanies this form

1. Marriage License must indicate the original signature and seal from clerk of the court.
2. Divorce Decree indicating restoration of your maiden name
3. Court ordered adoption, name change of Federal identity change

All changes need to be submitted in writing. You can fax or mail this document. Address change you can submit by email. Use this format when emailing at info@massageboard.state.az.us

Please note that pursuant to A.R.S. 32-4225 (C), **“Each licensee is responsible for reporting to the Board in writing, name change and changes in business and home addresses and phone numbers within ten days after any change.”**